

<h1 style="margin: 0;">TRANSMITTAL FORM</h1> <p style="margin: 0;"><i>(to be used for all correspondence after initial filing)</i></p>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Application Number</td><td style="padding: 2px;">10/695,499</td></tr> <tr><td style="padding: 2px;">Filing Date</td><td style="padding: 2px;">October 28, 2003</td></tr> <tr><td style="padding: 2px;">First Named Inventor</td><td style="padding: 2px;">Vincenzo SCARLATO</td></tr> <tr><td style="padding: 2px;">Art Unit</td><td style="padding: 2px;">1645</td></tr> <tr><td style="padding: 2px;">Examiner Name</td><td style="padding: 2px;">J. Graser</td></tr> <tr><td style="padding: 2px;">Attorney Docket Number</td><td style="padding: 2px;">223002099101</td></tr> </table>	Application Number	10/695,499	Filing Date	October 28, 2003	First Named Inventor	Vincenzo SCARLATO	Art Unit	1645	Examiner Name	J. Graser	Attorney Docket Number	223002099101
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Total Number of Pages in This Submission	16 + 51 Refs.													

ENCLOSURES <i>(Check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (5 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement (3 pages) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. PTO/SB/08a/b (6 pages) 2. 51 References
<div style="border: 1px solid black; width: 100%; height: 40px;"></div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No. 20872)		
Signature	/Otis Littlefield/		
Printed name	Otis Littlefield		
Date	April 28, 2009	Reg. No.	48,751